



Guidance document for processing PM-JAY packages

Surgery for Cyst & Tumor of Maxilla, Mandible

Procedures covered: 3

Specialty: Oral Maxillofacial Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Surgery for Cyst & tumour of Maxilla / Mandible	Enucleation / excision / marsupialization for cyst & tumour of Maxilla under LA	S1600007	SM005A	2,500
Surgery for Cyst & tumour of Maxilla / Mandible	Enucleation / excision / marsupialization for cyst & tumour of Mandible under LA	S1600007	SM005B	2,500
Mandible Tumour Resection and reconstruction / Cancer surgery	Mandible Tumour Resection and reconstruction / Cancer surgery	S1600008	SM006A	6,000

ALOS

- Surgery for Cyst & Tumour of Maxilla/Mandible under LA: **Ambulatory**
- Mandible Tumour Resection and reconstruction / Cancer surgery: **2-5 Days**

Minimum qualification of the treating doctor:

Essential: MDS (Oral Maxillo-facial surgery)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Surgery of Cyst And Tumor Of Maxilla/Mandible**, NHA shall be following these guidelines. This document has been prepared for guidance of processing team and transaction management system of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical, surgical and therapeutic management of patient. In that respect the hospitals and physicians/surgeons may refer to other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Proceed for Surgery only if diagnosis made is backed by clinical signs, symptoms, examination.

SURGERY OF CYST & TUMOUR OF MAXILLA/MANDIBLE:

- Cyst of jaw, oral and facial soft tissue can be Intraosseous cyst (odontogenic or non-odontogenic in origin) and soft tissue cyst.
- The keratocystic odontogenic tumor is back into the cyst category as odontogenic keratocyst (OKC). Depending on the size of the cyst, its location and the patients' age, several treatment options are available: curettage, enucleation, radical treatment and marsupialization. The marsupialization /enucleation /excision/ Reconstruction/resection for cyst and tumour in maxilla and mandible is a conservative technique used in early tumor stages, as curative treatment for the odontogenic cyst. Despite its disadvantages, the marsupialization remains an interesting therapeutic choice in the case of large cysts, or in very young or old patients.
- Odontogenic cysts are usually treated by enucleation (cystectomy). Limited cysts (less than 5 cm) are usually managed by primary excision (total cystectomy), whereas larger ones (exceeding 5 cm) are often decompressed or marsupialized. Because it consists only of opening a much smaller surgical window, decompression is regarded as a more conservative method of treatment: this method associates the creation of an opening (window) into the cystic cavity with/without the suturing of a decompressing device /gauge pack.

Causes:

- The cause of Cyst & Tumour is unknown however some are associated with genetic syndromes.
- Studies have informed that people with **nevroid basal cell carcinoma syndrome**, also called **Gorlin-Goltz syndrome**, lack a gene that suppresses tumors. The genetic mutation that causes the syndrome is inherited.

Symptoms:

- Oral Soft tissue Swelling, bone pain, numbness, tenderness, and unexplained tooth mobility can be symptoms. Benign tumors and cysts can cause damage to surrounding bone and tissue.



- No specific symptoms of cyst and tumor in jaw. Usually associated with carious and non-vital tooth.
- Worrisome mouth ulcers, swellings and abnormally colored areas of the gums and lining tissues of the mouth may arise.
- Warning signs can include ulcers, white patches, mixed red and white patches, or red patches inside your mouth or on your lips. These patches can often become malignant.
- Seldom in deciduous teeth

Examination:

- Imaging studies, such as X-ray.
- A biopsy to remove a sample of tumor or cyst cells for laboratory analysis.
- Clinical and radiographic findings of the jaw lesions often lead to a differential diagnosis that only the histologic findings will clarify.
- Certain Osseous Lesions of the jaws are particularly problematic for diagnosis without the appropriate radiographic findings, and the diagnosis should probably not be attempted on the histologic findings alone.

Investigations:

Required either of the following documents as per surgeon's prescription:

- **X-ray** for Odontogenic cyst is enough. Cystic lesion is seen as spherical, ovoid, radiolucency within maxilla and mandible that has a smooth uniform outline or
- **CBCT or CT of Jaws or Intraoral Radiograph and or OPG-Orthopantomography** to confirm the existence or
- **Biopsy/ (FNAC)** for examination of Cyst lining.

Indications for SURGERY OF CYST & TUMOUR OF MAXILLA/MANDIBLE:

- **Marsupialization:**
 - ✓ young child with growing tooth (eruption cyst in patient below 20yrs), elderly debilitated patient it is less stressful.
 - ✓ proximity to vital organ (such as maxillary antrum/inferior alveolar nerve) can damage neurovascular structure.
 - ✓ Size of cyst/tumour: large cyst encroaching nose/soft tissue/ maxillary sinus
 - ✓ Vitality of tooth- when apices of many adjacent teeth are involved within large cyst
- **Enucleation:**
 - ✓ Treatment of odontogenic primordial cyst

- ✓ Reoccurrence of any cystic lesions
- ✓ Accessible cyst-small and moderate cyst
- ✓ Cyst which do not encroach vital tissue and not involve vital tissue.

Contraindications:

- Marsupialization is contraindicated to limited cystic lesions that requires continuous drainage. Also, when previous attempt at conservative treatment have failed and when complete or marginal resection is indicated. Cyst with tumour potential (KCOC/ KEROTOCYST)
- Enucleation: Eruptional cyst, friable cyst, large cyst where surgical access would weaken the jaw that fracture might occur

Complications:

- Iatrogenic fracture of jaws
- Recurrence in case of OKC/ locally aggressive cyst and tumor.
- Paresthesia and numbness.
- Infection
- Facial Deformity

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Surgery for Cyst & Tumour of Maxilla / Mandible
i. At the time of Pre-authorization	
a. Are the Clinical notes (detailing signs, symptoms, examination findings, clinical photographs (intraoral and extraoral), indications for doing the procedure & advise for admission submitted?	Yes
b. Are the Investigation reports of Cyst/Tumour such as: X-ray for Odontogenic cyst CBCT or CT of Jaws or Intraoral Radiograph and/ OPG-Orthopantomography to confirm the existence submitted?	Yes
ii. At the time of claim submission	
a. Indoor case papers & Consent (informed written)	Yes
b. Are the Procedure note/ operative note & Anesthesia notes (where applicable) submitted?	Yes

c. Are the barcode of Implants used submitted?	Yes
d. Are the Investigation report of Cyst/Tumour such as: X-ray for Odontogenic cyst Or Intraoral Radiograph &/ or OPG- Orthopantomography to confirm the existence & Histopathology report, Biopsy or FNAC Submitted?	Yes

Optional Document	Surgery for Cyst & Tumour of Maxilla / Mandible
I. At the time of Pre-authorization	
a. Document required such as for Investigation of Cyst/Tumour: Tissue Culture report or (Any High test done do confirm the presence of cyst/tumor of any region in Oral cavity.)	Yes
b. X-ray of MLC/FIR for traumatic injuries and circumstances of the incident which led to fracture.	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Detailed Oral maxillofacial Clinical notes (including clinical signs & symptoms such as disfigurement of face difficulty in breathing, examination findings, indications for doing the procedure & advise for admission)? Yes
- X-ray report of cyst/tumour of Maxilla/Mandible and Biopsy /FNAC of cyst and tumour of Oral maxillofacial region? Yes

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- Indoor case papers & informed written consent Submitted? Yes
- Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- Barcode of Implant(s) used? Yes
- Are the Investigation reports of of Cyst/Tumour such as:

- X-ray for Odontogenic cyst Or Intraoral Radiograph &/ or OPG-Orthopantomography to confirm the existence & Histopathology report, Biopsy or FNAC Submitted?

PART III: GUIDELINES FOR IT

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- Did the signs, symptoms, examination and X-ray or confirm the presence of Cyst or Tumour in Maxilla/Mandible? Yes
- X-Ray/OPG-Orthopantomography** /Biopsy/FNAC confirms Cyst or Tumour? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

- CYST and Tumour of the jaw treated by Marsupialization, June 2019
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6645260/>
- Decompression and Enucleation of Mandibular Radicular Cyst, January 2019
<https://www.hindawi.com/journals/crid/2019/9584235/>
- Mouth & Oral Cancer | UT Dentistry - UT Health San Antonio,
<https://www.uthscsa.edu/patient-care/dental/services/mouth-and-jaw-tumors-and-cysts>
- Odontogenic Cyst: Diagnosis and Treatment
<https://www.colgate.com/en-us/oral-health/basics/mouth-and-teeth-anatomy/diagnosing-an-odontogenic-cyst-and-getting-treatment>
- Marsupialization | pocket dictionary
- Resident manual of Trauma, to the Face, Head, Neck -1st Edition (2012):
<https://www.semanticscholar.org/paper/Resident-Manual-of-Trauma-to-the-Face-%2C-Head-%2C-and-Edition/fb6590c3df10ab5cb632da766096cd17f88fd44f>
- Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-3rd Edition:
https://www.academia.edu/37335369/Textbook_of_Oral_and_Maxillofacial_Surgery_3rd_ed_2012_pdf
- Textbook of Oral and Maxillofacial Surgery By Dr.Neelima Anil Malik-4th Edition
<https://pocketdentistry.com/marsupialization/>
- Jaw tumour and Cyst symptom and causes,
<https://www.mayoclinic.org/diseases-conditions/jaw-tumors-cysts/symptoms-causes/syc-20350973#:~:text=Generally%2C%20the%20cause%20of%20jaw,causes%20the%20syndrome%20is%20inherited.>